

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/889518	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1	1					
2	1	1					
3	1	1					
4	3	1					
5	2	1					
6	1	1					
7	1	1					
8	1	1					
9	1	1					
10	1	1					
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41		1					
42		1					
43		1					
44		1					
45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
TOTAL IND.	1	2					
TOTAL DEP.	21	17					
TOTAL CLAIMS	22	19					
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS							